

APPLICATION FOR AMENDMENT TO THE DISTRICT ZONING MAP (REZONING)

Application is hereby made to amend the Zoning Ordinance and to change the Zoning District Map of the City of Longview, Texas, as hereinafter set forth, and in support of such request the following facts are shown:

APPLICANT _____
(Name) (Mailing Address, City and Zip)

(Phone)

(E-mail address)

LEGAL DESCRIPTION OF PROPERTY _____
(Lot, Block, and Subdivision or Abstract, Survey, Tract and Section)

STREET ADDRESS _____

WIDTH IN FEET _____ DEPTH IN FEET _____

APPLICANT'S INTEREST IN PROPERTY _____
(Owner, Agent, Lease, Option, etc.)

CHANGE REQUESTED FROM _____ DISTRICT TO _____ DISTRICT

REASON FOR REQUEST/ PROPOSED USE OF PROPERTY _____

ARE THERE DEED RESTRICTIONS THAT WOULD PREVENT THIS PROPERTY BEING USED IN THE MANNER HEREIN PROPOSED? ☐ YES ☐ NO IF YES, PLEASE PROVIDE DEED RESTRICTIONS.

HAVE ALL PERSONS HAVING ANY FINANCIAL INTEREST IN THE REQUEST BEEN LISTED OR ARE SIGNATORIES TO THIS APPLICATION? ☐ YES ☐ NO

Date

Signature of Owner

THE FOLLOWING IS TO BE COMPLETED ONLY IF A PERSON (S) OTHER THAN THE OWNER IS MAKING THIS APPLICATION.

I, _____, do certify that I am authorized to act for _____,
owner of the above property in making this zoning application.

(Signature)

(Date)

FOR OFFICE USE ONLY

APPLICATION FEE: \$307.00

CASH/CHECK: _____

DATE RECEIVED: _____

ENTERED BY: _____

GUIDELINES FOR REZONING APPLICATION

Application is hereby made to amend the Zoning Ordinance and to change the Zoning District Map of the City of Longview, Texas, as hereinafter set forth, and in support of such request the following facts are shown:

APPLICANT _____ (Can be other than property owner)
(Name) (Mailing Address) (Phone)

(Phone)

(E-mail address)

LEGAL DESCRIPTION OF PROPERTY _____ (legal description available @Gregg County Appraisal District, list acreage
(Lot, Block, and Subdivision or Abstract, Survey, Tract and Section)

& survey and submit metes & bounds narrative)

STREET ADDRESS _____ List physical address if applicable, if vacant list street name)

WIDTH IN FEET (Obtain from Gregg County Appraisal or from recent survey) DEPTH IN FEET _____

APPLICANT'S INTEREST IN PROPERTY _____
(Owner, Agent, Lease, Option, etc.)

(Obtain from City Planning Department)

CHANGE REQUESTED FROM _____ DISTRICT TO _____ DISTRICT

REASON FOR REQUEST/ PROPOSED USE OF PROPERTY (Why do you feel a rezoning is justified?) (State what you propose to
construct on property or how you intend to use property. If you do not have a use in mind, so state)

ARE THERE DEED RESTRICTIONS THAT WOULD PREVENT THIS PROPERTY BEING USED IN THE MANNER HEREIN
PROPOSED? ☐ YES ☐ NO IF YES, PLEASE PROVIDE DEED RESTRICTIONS.

HAVE ALL PERSONS HAVING ANY FINANCIAL INTEREST IN THE REQUEST BEEN LISTED OR ARE SIGNATORIES
TO THIS APPLICATION? ☐ YES ☐ NO

Date

Signature of Owner

THE FOLLOWING IS TO BE COMPLETED ONLY IF A PERSON (S) OTHER THAN THE OWNER IS
MAKING THIS APPLICATION.

I, _____ (Use applicant's name if other than owner), do certify that I am authorized to act for

(Name of owner)

, owner of the above property in making this zoning application.

(Signature)

(Date)